CONTROLLED SUBSTANCE AMENDMENTS		
2021 GENERAL SESSION		
STATE OF UTAH		
Chief Sponsor: Raymond P. Ward		
Senate Sponsor: Michael S. Kennedy		
LONG TITLE		
Committee Note:		
The Health and Human Services Interim Committee recommended this bill.		
Legislative Vote: 16 voting for 0 voting against 1 absent		
General Description:		
This bill modifies the Utah Controlled Substances Act.		
Highlighted Provisions:		
This bill:		
 removes an exception to the 7-day limit on prescriptions for certain controlled 		
substances after a surgery $\hat{H} \rightarrow [:]$; and		
 requires a practitioner to check the controlled substance database and consult wit 		
other practitioners when issuing a long-term prescription for an opiate or a benzodiazepine		
under certain circumstances. ←Ĥ		
Money Appropriated in this Bill:		
None		
Other Special Clauses:		
None		
Utah Code Sections Affected:		
AMENDS:		
58-37-6, as last amended by Laws of Utah 2020, Chapter 81		
Be it enacted by the Legislature of the state of Utah:		
Section 1. Section 58-37-6 is amended to read:		
58-37-6. License to manufacture, produce, distribute, dispense, administer, or		



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338	(v) A court shall award reasonable attorney fees and costs to the prevailing party in an
339	action brought by the division to collect a penalty.
340	(b) Any person who knowingly and intentionally violates Subsections (7)(h) through (j)
341	or Subsection (10) is:
342	(i) upon first conviction, guilty of a class B misdemeanor;
343	(ii) upon second conviction, guilty of a class A misdemeanor; and
344	(iii) on third or subsequent conviction, guilty of a third degree felony.
345	(c) Any person who knowingly and intentionally violates Subsections (7)(k) through
346	(o) shall upon conviction be guilty of a third degree felony.
347	(9) Any information communicated to any licensed practitioner in an attempt to
348	unlawfully procure, or to procure the administration of, a controlled substance is not considered
349	to be a privileged communication.
350	(10) A person holding a valid license under this chapter who is engaged in medical
351	research may produce, possess, administer, prescribe, or dispense a controlled substance for
352	research purposes as licensed under Subsection (2) but may not otherwise prescribe or dispense
353	a controlled substance listed in Section 58-37-4.2.
353a	Ĥ→ (11) (a) As used in this Subsection (11):
353b	(i) "High risk prescription" means a prescription for an opiate or a benzodiazepine that
353c	is written to continue for longer than 30 consecutive days.
353d	(ii) "Database" means the controlled substance database created in Section 58-37f-201.
353e	(b) A practitioner who issues a high risk prescription to a patient shall, before issuing
353f	the high risk prescription to the patient, verify in the database that the patient does not have a
353g	high risk prescription from a different practitioner that is currently active.
353h	(c) If the database shows that the patient has received a high risk prescription that is
353i	currently active from a different practitioner, the practitioner may not issue a high risk
353j	prescription to the patient unless the practitioner:
353k	(i) contacts and consults with each practitioner who issued a high risk prescription that
3531	is currently active to the patient;
353m	(ii) documents in the patient's medical record that the practitioner made contact with
353n	each practitioner in accordance with Subsection (11)(c)(i); and
353o	(iii) documents in the patient's medical record the reason why the practitioner believes
353p	that the patient needs multiple high risk prescriptions from different practitioners.
353q	(d) A practitioner shall satisfy the requirement described in Subsection (11)(c) in a

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353s	O the patient.	

353t \$→ [(e) Failure to comply with the requirements in this Subsection (11) is unprofessional

353u <u>conduct.</u>] ←Ŝ ←Ĥ